

DEFINITIONS

For the purposes of this document the following words are herein defined as follows:

AGENCY	Youth Services Office of Youth Development
BEHAVIOR MANAGEMENT SYSTEM	A structured system designed to increase appropriate behavior through the use of graduated sanctions/consequences and rewards applied in a consistent manner and typically influences the milieu of the living unit or dorm
BEST PRACTICE	Practices that have demonstrated over time, the ability to produce positive outcomes
CENTRAL OFFICE DUTY OFFICER	The person designated by the Agency Central Office to be responsive to crisis contacts for the Agency
CHEMICAL AGENT	An active substance, such as pepper spray, used to deter activities that might cause personal injury or property damage
CONTRABAND	Items possessed by youth, staff, or visitors or found within the facility that are illegal or are expressly prohibited by persons legally responsible for administration and operation of the facility
CONTRACT PERFORMANCE COORDINATOR	The individual person designated by the Agency to assist the provider in coordination of performance with the contract and technical compliance
DAPG	A standard format for writing progress notes. It includes Data (information obtained from talking with the client and from observation); Assessment (the counselor's assessment of the information and of the client's current functioning); Plan (the plan for the next session, may include homework assignments, etc) necessary to reach the Goal (purpose of the plan)

DEPUTY SECRETARY	Department of Public Safety and Corrections, Youth Services, appointing authority
EMERGENCY SHELTER	A facility for the temporary placement of youth in OYD custody who have not committed a felony- grade delinquent act or a misdemeanor-grade delinquent act based upon an offense against the person of another
EVIDENCE-BASED PRACTICE	Best Practice that has been tested against a control group in an academic setting to scientifically determine the practice's ability to produce positive outcomes
FACILITY LOG	The official record book of a provider which documents daily required information and important events that occur at the facility. These should be bound books with numbered pages
FULL TERM DATE	The date beyond which a youth can no longer be legally held in the custody of the Agency
HOUSING SEARCHES	Announced\Unannounced searches of a youth's living area designed to uncover contraband or stolen items, maximize sanitary standards, and eliminate fire and safety hazards
INDIVIDUAL TREATMENT/ INTERVENTION PLAN (ITP/IIP)	An individualized plan for each youth describing the interventions used to address specific need areas
INTENSIVE RESIDENTIAL	Placement for custody youth formerly known as "secure"
MODEL PROGRAMS	(Best- Practice Programs, Evidence Based Programs) – Programs that utilize best practice in the operation of the program
MONITOR/ PROGRAM SPECIALIST	An agency employee assigned to review program effectiveness, compliance with contract provisions and accepted standards and public policy or state law; assists in staff development and provides technical assistance to support quality and compliance, as needed

MULTIDISCIPLINARY TEAM	A group of individuals from diverse disciplines who provide comprehensive assessment and consultation and assist in identifying the goals of the Individual Treatment/Intervention Plan. The MDT should include facility and/or community providers, mental health professionals, educators, Agency staff, youth and family members
NON-COMPLIANCE	Failure to meet the terms of the contract
OUTCOMES	The desired impact and effectiveness of the service on the client; must be measurable and observable
OYD	Office of Youth Development, Youth Services
PAT-DOWN	A search of a fully clothed person. He/she may be required to remove all outerwear for the search, i.e., coats, jackets, hats, shoes, socks and belt only
PERFORMANCE	To function in accordance with the requirements of the contract
PERFORMANCE COMPLIANCE	Conformance to the programmatic expectations of effectiveness, efficiency, and efficacy of the service delivery as defined by contract performance standards. Examples are staff qualifications, housing and security
PHYSICAL RESTRAINT	The act of applying appropriate physical force to a youth to control dangerous behaviors and minimize the chance of injury to staff, other residents, and/or the youth being restrained, and/or to prevent a youth from absconding from custody
PLACEMENT	The assignment of a youth to a residential or non-residential contract program by the Office of Youth Development
PLACING OFFICER	The officer who makes the initial assignment of a youth to a particular community contract program
PLACING REGION	The Office of Youth Development region from which a placement originates
PPO/J	Probation and Parole Officer/Juvenile, Office of Youth Development (Probation Officer)

PROGRAMMATIC COMPLIANCE	Documentation of approved activities/services leading to achievement of outcomes in conformance to the provisions required by the contract
PROGRAM SLOT	Contract designation for the approved number of youth who can be assigned to a program at any one time
PROVIDER	An individual or organization providing services to the Office of Youth Development, through a duly executed contractual agreement; the terms "facility" and "program" are also used to mean provider
REGION	An organizational subdivision of the Office of Youth Development, Youth Services
REGIONAL DUTY OFFICER	The person designated by the Regional Agency Office to be responsive to provider contacts and emergency and crisis situations
REGIONAL MANAGER	Chief administrator of an Office of Youth Development Region
RESIDENTIAL	Placement for custody youth in a structured setting more restrictive than supervision, but not as restrictive as Intensive Residential
STRIP SEARCH	The search of a youth's person during which the youth is required to remove all clothing
SUPERVISING REGION	Region in which the contract program is geographically located
SUPERVISING OFFICER	The officer responsible for monitoring a placement of the youth while he is assigned to a particular community contract program
TREATMENT	Any therapeutic or rehabilitative service provided to a youth by a provider
YOUTH	A young person adjudicated delinquent or Families in Need of Services and placed in custody or under the supervision of the Office of Youth Development

SECTION 1 PHYSICAL PLANT

The Agency's position is that the condition and appearance of the physical surroundings where participating youth are located will influence their behavior. The provider is responsible for assurance that all the buildings used to house, feed, supervise or instruct youth are structurally sound, adequately maintained, appropriately furnished and sanitary at all times.

1.1 COMPLIANCE WITH STATE AND LOCAL CODES AND ORDINANCES

The provider shall comply with all state and local building codes as determined by the State Fire Marshal.

The provider shall maintain documentation that the facility meets all applicable zoning laws, regulations and neighborhood restrictions.

The provider shall comply with all state and local fire safety codes and submit documentation according to the terms of the contract.

The provider shall comply with all local and state health and sanitation standards and submit documentation according to the terms of the contract.

1.2 LOCATION OF FACILITIES

Facilities should be located on a site conducive to the purposes and goals of the program. The design of the facility shall promote the purposes of the program and provide an environment consistent with the functions of the program.

If the program has been established or is seeking to exclusively serve youth referred by the Agency, the Agency reserves the right to approve the site, design and proposed floor plan for any new or relocated provider. The provider will be asked to produce:

- A. Evidence that the site location of the provider will be appropriate to youths' individual needs, program goals and access to essential services.
- B. A description of how the facility physically harmonizes with the neighborhood where it is located, considering issues including scale, appearance, density and population.

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1.3 ACCESSIBILITY, GENERAL SAFETY AND MAINTENANCE OF BUILDINGS AND GROUNDS

The program shall have a written plan for preventative and ongoing maintenance and safety. The record of routine inspections shall be kept on file for review by the Agency. The program buildings, parking lots and other facilities shall be accessible as required by the Americans with Disabilities Act and other federal and state laws and regulations.

The provider shall ensure that all structures are maintained in good repair and are free from hazards to health and safety. The provider's grounds shall also be maintained and free from any hazard to health and safety.

Each provider shall have a designated staff member responsible for the safety program at the facility. This individual shall conduct monthly inspections of the facility to identify:

- A. Fire safety
- B. Existing hazards
- C. Potential hazards
- D. Corrective action that should be taken to address identified hazards.

1.4 VEHICLES

Vehicles used to transport youth must be mechanically sound, road worthy, in good repair and meet the Agency's requirements for insurance coverage. The interior of the vehicle shall be free of loose items, i.e. jacks, tools, crowbars, fire extinguishers, etc.

All vehicles must display current state licenses, proof of annual motor vehicle inspections, proof of insurance and shall be in compliance with all applicable state laws.

When in use, all vehicles must carry a standard first aid kit and a fire extinguisher.

The program shall have a vehicle maintenance and equipment check list, which shall include a list of all critical operating systems and equipment inspections, the date of the last inspection and the type of service or action taken.

All repairs required to critical operating systems (i.e., brakes, head lights) shall be made immediately.

All worn or missing critical equipment shall be replaced immediately (i.e., tires, jacks, seat belts).

1.4.1 DRIVERS

All drivers of vehicles must possess a valid Louisiana Driver's License and proper licenses required by state law for the type of motor vehicle operated.

All operators' driving records must be checked upon hiring and at least annually thereafter through the Office of Motor Vehicles to assess their suitability to transport youth. If the driving record is checked by the insurance agency, which reports acceptability to the provider, this is sufficient to meet the terms of this section. Verification shall be maintained in personnel files.

SECTION 2

STAFF AND STAFFING REQUIREMENTS

2.1 STAFF QUALIFICATIONS

All individuals providing services to youth under the supervision or in the custody of the Agency must possess all licenses and/or certifications required by statute or by the Department of Social Services (DSS), Bureau of Licensing and Certification (BOL), the Department of Health and Hospitals Office of Health Standards, or the program's accrediting body, as applicable.

All individuals providing services must be qualified to do so by educational background and experience.

2.1.1 POSITION DESCRIPTIONS AND QUALIFICATION CRITERIA

CASE MANAGER: An individual to whom the youth is assigned at admission who assists the youth with his/her individualized treatment/intervention plan, assesses needs of the youth and maintains his/her case record, presents the case in staffing, communicates with appropriate individuals regarding the youth, and prepares written communications including discharge reports. With appropriate credentials, the Case Manager may also serve as the Counselor.

Individuals providing this function must possess, at minimum, a bachelor's degree from a fully accredited college or university in the social sciences or related field.

TEACHER: An individual who provides basic educational services as required by state and federal statutes. This individual must hold a valid Louisiana Teaching Certificate in the appropriate instructional field.

INSTRUCTOR: An individual who provides skill training or vocational training. The instructor's expertise may have been gained through formal education or direct experience.

This individual must possess at a minimum, a bachelor's degree in the field of instruction, high school diploma or its equivalent with a minimum of two years of practical experience in the field.

DIRECT CARE WORKER: An individual responsible for supervising the youth's day-to-day living activities and performing such duties as preparing nutritious meals, supervising, observing activities and training youth in basic living skills, and providing some community transportation. This individual

must be at least age 20, have a high school diploma or its equivalent, and should have experience working with youth.

RECREATIONAL SPECIALIST: An individual who develops and implements an individualized and goal-directed recreational plan for a youth.

The individual providing this function must possess a bachelor's degree in recreational therapy, health and physical education, or a related field or have a high school diploma and two years related experience in providing recreational services to youth.

SOCIAL WORKER/COUNSELOR/THERAPIST: An individual responsible for the assessment of treatment needs, development and implementation of a plan for therapeutic services and the provision and monitoring of therapeutic/rehabilitative treatment services including individual, group, and family counseling to youths participating in a residential treatment program.

Individuals providing this function must possess, at a minimum, a master's degree from a fully accredited college or university in a social service related field and be supervised by a licensed mental health professional.

2.2 PROGRAM STAFFING REQUIREMENTS (RESIDENTIAL)

The provider shall ensure that an adequate number of qualified staff is present at all times to supervise youth and provide for their health, safety and well-being.

Staffing patterns should concentrate maximum case manager availability to youth when they are in the facility and should provide consistency and stability so youth know the roles of each staff member.

The staffing pattern of the provider will concentrate staff during periods when youth are able to use provider resources including but not limited to the following:

- A. After school, until bedtime (generally 3:00 p.m. until 10:00 p.m.)
- B. On Saturdays, Sundays, and holidays when administrative and support staff are generally not scheduled
- C. During visiting times, leisure times when fewer than 50% of the youth are on home visits, recreational times and evenings when youth return from home visits
- D. The provider shall ensure that youth being transported are properly supervised

All providers must comply with minimum staffing standards established by the Bureau of Licensing and Certification. Any modification of minimum staffing requirements set by the Bureau of Licensing and Certification requires the written concurrence of the Bureau.

Any deviation from the established staffing criteria must be specifically waived in writing by the Deputy Secretary or his/her designee or stated specifically in the contract with the Agency.

2.3 GENERAL REQUIREMENTS FOR STAFF DEVELOPMENT

Staff development is an essential program component. A well planned and executed staff development program increases the competency and performance of staff and volunteers and establishes a common understanding of a program's objectives, policies and rules.

Staff development includes formal classroom instruction, on-the-job training under the direction of an instructor, staff development meetings, or conferences that include a formal agenda and instruction by qualified personnel.

This section does not preclude the appropriate use of videotapes, films, and other audio/visual methods of staff development.

All support staff who do not have direct contact with the youth shall receive 16 hours of pre-service training.

All direct care workers, teaching parents, supervisors, counselors and case managers (including all volunteers in these positions) shall receive a total of 56 hours of training during the first year of employment: 16 hours pre-service and 40 hours of in-service training. An additional 40 total hours of training is required each subsequent year. **Providers are required to participate in Agency sponsored staff development opportunities.**

Training must be documented and content must be in accordance with a "nationally recognized accrediting body." Training for staff and volunteers shall be conducted in accordance with a written program plan for staff development and coordinated by a designated staff member at the supervisory level.

All training programs shall be presented by persons qualified by education or experience in areas in which they are conducting training. Training programs must define requirements for completion and provide for attendance recording, a system to recognize completions, and an evaluation of the training.

Training programs shall:

- A. Include professional development and skills development for all personnel and volunteers
- B. Meet the needs of each staff member according to their job classification and be pertinent to his/her individual work with youth
- C. Where available, involve the use of community resources
- D. Include in-service training in existing practices, procedures and skills necessary for working with youth

2.3.1 PRE-SERVICE ORIENTATION

Pre-service orientation for all staff shall include, but not be limited to, the following:

- A. Agency vision, mission and guiding principles
- B. Program procedures and programmatic goals including behavior management
- C. Job responsibilities
- D. Personnel policies
- E. Youth supervision
- F. Report writing
- G. Instruction in safety and emergency procedures including non-violent crisis intervention
- H. Confidentiality issues
- I. Youth Rights and Grievance Procedure
- J. Activity Report-UOR Operational Unit
- K. Standard Operating Procedures
- L. Communicable diseases
- M. Boundary issues

In addition to meeting the pre-service requirements listed above, individuals employed as direct child care staff who do not possess at least one year of direct child care experience must complete a 30-day internship. During their first 30 days on the job, they shall be under the supervision of an experienced child-care worker or direct care supervisor. They are not to be assigned sole responsibility for the supervision of youth until this phase of training is completed and shall not qualify when computing staff to youth ratio.

2.3.2 IN-SERVICE TRAINING REQUIREMENTS FOR DIRECT CARE WORKERS, COUNSELORS AND CASE MANAGERS

Training course content must include at least the following:

- A. Principles and practices of youth care and supervision (i.e., signs and symptoms of medical and mental illness in children and adolescents)
- B. Program procedures and programmatic goals (i.e., behavior management system)
- C. Youth Rights and Grievance Procedures (i.e., appeals process)
- D. Detecting and reporting suspected abuse and neglect
- E. Reporting and documentation of critical incidents
- F. Behavioral observation, adolescent psychology and child growth and development, including gender-specific issues.
- G. Counseling techniques (i.e., interpersonal communication, motivational interviewing, active listening)
- H. Conflict Resolution (i.e., passive restraints, use of force/crisis intervention, de-escalation)
- I. Significant legal issues (i.e., Children's Code)
- J. Security procedures (i.e., key control, searches and contraband)
- K. Socio-cultural life-style of youth (i.e., diversity, human dignity, cultural competency)
- L. Implementation of Treatment Plans
- M. Instruction on documentation and communication procedures with fellow employees and Agency staff
- N. Report writing (i.e., progress notes, treatment plans, quarterly reports)
- O. Emergency and safety procedures, including medical
- P. Current certification of CPR and First Aid
- Q. Safe administration and handling medication including psychotropic drugs
- R. Activity Report-Unusual Occurrence Report (UOR) Operational Unit
- S. Standard Operating Procedures
- T. Universal precautions regarding injury and illness including Communicable Diseases

2.3.3 DOCUMENTATION OF TRAINING

- A. Staff training records shall be kept by a designated staff person. Separate training records shall be established for each staff member and volunteer and shall include the following:
 - 1. Name
 - 2. Assignment category (position, type of employee full-time/part-time/volunteer)
 - 3. Employment beginning date
 - 4. Annual training hours required
 - 5. A current chronological listing of all training completed

B. Training programs must be documented by the following:

1. Date and times training was conducted
2. Topic of the training session
3. Name and qualifications of the instructor
4. A roster with signatures of all participants including training subject, date, trainer(s) name, and duration of training

2.4 VOLUNTEERS

A volunteer is any person who provides goods or services to the provider with no monetary or material gain.

Programs serving youth should solicit the involvement of volunteers to enhance and expand their services; however, volunteer services are recruited to supplement and enrich a program, not to substitute for the activities and functions of provider staff.

2.4.1 VOLUNTEER PLAN

Programs that utilize volunteers regularly must have a written plan and corresponding program policies that ensure the following:

- A. Volunteer recruitment is conducted by the chief administrative officer or his/her designee. Recruitment is encouraged from all cultural and socio-economic segments of the community.
- B. Volunteers shall be at least 20 years of age, of good character, and sufficiently mature to handle the responsibilities involved in the position.
- C. Volunteers shall complete an application for the position and are suited for the position to which they are assigned.
- D. Volunteers shall agree in writing to abide by all program policies.
- E. Volunteers who perform professional services must be licensed or certified as required by state statute or regulation.
- F. Written job descriptions are provided for each volunteer position.
- G. Volunteers must agree to background and criminal record checks prescribed by state statutes.
- H. Volunteers are adequately trained and the training is documented.

- I. Volunteers shall be supervised by a paid employee of the program, who shall coordinate and direct the volunteers' activities. Volunteer performance shall be evaluated periodically and evidence of this evaluation shall be made part of the volunteer's personnel record.
- J. A procedure shall be established for termination of volunteers when substantial reasons for doing so exist.

2.5 CRIMINAL BACKGROUND CHECKS (SEE ATTACHMENT)

LA R.S. 15:587.1 (Louisiana Child Protection Act) requires that any person who maintains supervisory or disciplinary authority over youth will be subject to a criminal background check. Non-residential programs shall complete a criminal background check prior to employment.

All programs providing social services to the Agency shall ensure that all employees and volunteers, as required by statute, have submitted the required fingerprint cards and releases to the Department of Public Safety and Corrections/Bureau of Criminal Identification. Documentation of appropriate requests and responses must be kept in the employee personnel records.

Persons convicted of the following crimes shall not be employed by the child care agency: first degree and second degree murder; manslaughter; rape; aggravated, forcible or simple rape; aggravated oral sexual battery; aggravated sexual battery; oral sexual battery; sexual battery; second degree sexual battery; aggravated or simple kidnapping; criminal neglect of family; incest; criminal abandonment; carnal knowledge of a juvenile; felony carnal knowledge of a juvenile; indecent behavior with a juvenile; prostitution; soliciting to prostitution; pandering; letting premises for prostitution; enticing to prostitution; crime against nature; aggravated crime against nature; contributing to the delinquency of a juvenile; cruelty to a juvenile; child desertion; cruelty to the infirm; obscenity; operating a place of prostitution; sale of minor children; manufacture and distribution of narcotics, controlled dangerous substances or marijuana; or conviction for attempt or conspiracy to commit any of these offenses.

SECTION 3: PROGRAM

3.1 REFERRAL PROCESS (RESIDENTIAL)

- A. A referral packet for each youth will be submitted to the provider for consideration. Probation officer will contact the provider to confirm receipt of the entire packet within five (5) working days and discuss when placement can be finalized. A youth's admission into a program shall be based on an assessment of the youth's comprehensive problems and needs and on the ability of the provider to address them.
- B. A provider shall not, without just cause, prevent admission of any referred youth. However, if after reviewing the packet, the provider decides to dispute an admission, it will notify the referring Region and the Regional Program Specialist of the specific reasons the youth would be inappropriate for the program, by using the placement referral form. The Regional Program Specialist for the area of the facility will review the packet to ensure the youth is appropriate for the program within (3) three working days of notification of the dispute of admission.

3.1.1 ADMISSION POLICY (RESIDENTIAL/NON-RESIDENTIAL)

- A. Each provider shall have clearly defined written policies and procedures governing admission. The policy and procedures shall include, but not be limited to, types of information to be gathered on all applicants before admission and procedures to be followed when accepting or rejecting referrals.
- B. No youth shall be refused admission due to race, ethnic origin or religion.
- C. A provider shall not admit more youth than the number specified on the license without prior authorization from the Office of Youth Development and the DSS Bureau of Licensing and Certification. Written documentation from the Bureau of Licensing and Certification is required for any change in capacity. A copy of this documentation shall be forwarded to the Regional Program Specialist.

3.1.2 EMERGENCY PLACEMENT (RESIDENTIAL)

The Office of Youth Development will, at times, require providers to facilitate emergency placements. Any available social, evaluative, and medical information will be provided by the placing Region at admission or by close of business the next work day. The Office of Youth Development will provide written

verification, within three working days, that a psychological evaluation has been scheduled. The evaluation shall be completed within 14 days of placement.

3.2 DISCHARGE PROCESS (RESIDENTIAL/NON-RESIDENTIAL)

A youth placed in the program by the Agency shall not be released without prior authorization by the Agency.

Reintegration planning begins with the initial development of an Individual Treatment/Intervention Plan and is an ongoing process throughout the youth's program.

3.2.1 PLANNED DISCHARGES (RESIDENTIAL)

- A. A planned discharge is a discharge following the youth's successful completion of his/her treatment program or the discharge of a youth on his/her full term date.
- B. A program shall provide to the supervising Region and placing Region (if different) a written recommendation for release at least 30 days prior to the youth's completion of the program. This recommendation shall include the following:
 - 1. A current summary of the youth's progress
 - 2. A summary of the efforts to reach the youth's goals and objectives
 - 3. Any unresolved goals or objectives
 - 4. Goals and objectives for parents/aftercare workers to reinforce
 - 5. Recommendation for continuing service in his/her home community
 - 6. The prognosis
 - 7. The current address of the recommended custodian
- C. The Agency will submit the official recommendation for release to the court.
- D. The following procedures must be followed at the time of discharge:
 - 1. The provider shall provide a release agreement, to include the following:
 - a. The name of the person or agency to whom the youth is to be released
 - b. A statement confirming the return of personal effects

- c. A statement of completion of any pending actions (grievances, claims for damages, lost possessions, etc.)
 - d. A statement of return of provider-issued articles (sheets, pillowcases, bedspreads, towels, washcloths, etc.)
- 2. The provider shall immediately provide to the individual or agency authorized to transport the youth, his/her medication, prescriptions and Medicaid card.
- 3. Within five working days, the provider shall provide to the supervising Region the following:
 - a. Any dental or medical records available
 - b. All school records available from the school(s) the youth attended while in the program

3.2.2 "UNPLANNED" DISCHARGES (RESIDENTIAL)

- A. An "unplanned" discharge is a youth's termination prior to the completion of the planned treatment program, either at the request of the provider or on the initiative of the Agency.
- B. When a provider believes a youth is at risk of an unplanned discharge, the provider shall request a case staffing with the placing and supervising Region, if different, to determine if the identified needs/problems can be resolved.
- C. A provider shall have a written policy concerning unplanned discharges. The policy shall include, at a minimum, the following provisions:
 - 1. If the discharge is at the request of the provider, the program shall provide to the Program Specialist, supervising Region and placing Region (if different) a written request for release, at least 14 days prior to the recommended date of removal. This request shall include, but is not limited to, the following information:
 - a. A current summary of the youth's progress
 - b. A summary of the youth's efforts towards achieving individual goals and objectives
 - c. Specific offense(s) and where applicable, dates and incident reports regarding the offense(s) which precipitated the request for removal
 - d. Any unresolved goals or objectives
 - 2. Upon receipt of the 14 day notice of discharge, the supervising and placing Regions, if different, shall schedule, within five days, a meeting with the provider and Program Specialist to discuss whether the request is appropriate and determine steps to be taken

to execute the discharge. The decision rendered shall be documented on the OYD staffing form.

3.2.3 EMERGENCY DISCHARGES

- A. Emergency discharge situations include, but are not necessarily limited to, the following:
 - 1. Youth participation in a major disturbance at the facility (i.e., riot or hostage situation, etc.)
 - 2. Involvement and/or arrest of a youth for use or threatened use of a weapon against another person
 - 3. Attempted suicides and other psychiatric emergencies
- B. Emergency discharges shall be initiated only when the health and safety of a youth or staff is endangered by the youth's continued placement at the facility.
- C. Emergency discharge situations resulting in hospitalization in a private facility due to psychiatric or medical reason shall require prior authorization from the Supervising Region and the Agency, Central Office. If the emergency occurs after hours or during the weekend, the provider shall contact the Regional Duty Officer, who will contact the Agency Central Office Program Manager on the next business day.
- D. A provider shall include, at a minimum, the following provisions:
 - 1. Unless an urgent situation exists, the provider shall give the Agency a 72-hour notice of discharge
 - 2. Except in cases of life threatening emergencies, emergency discharges shall take place after consulting with the supervising Region
 - 3. In cases of life-threatening emergencies, the Regional Manager of the supervising Region or the Regional Duty Officer shall be contacted as soon as possible.
- E. In all cases of emergency discharge, the provider shall provide a comprehensive discharge summary to the supervising Region to include, at a minimum, the following:
 - 1. A report on progress/lack of progress on all treatment plan areas
 - 2. Recommendations for follow-up
 - 3. Prognosis as determined by a qualified professional

The report shall be forwarded to the Supervising Region within 15 days of the date of discharge.

3.3 RESERVATION OF PROGRAM SLOTS

A program slot shall be reserved for a youth if his/her treatment program has been interrupted but there is an expectation that the youth will return and continue services.

Hospitalization for psychiatric or medical reasons, trial home visits and runaways are routine situations for program slot reservation. In these cases, the program slot shall be reserved for up to five days unless the Agency notifies the program that the youth will not return. Approval from the Program Specialist must be obtained when reservation of a program slot is requested beyond the fifth day.

3.3.1 NON-RESIDENTIAL ABSENCES

Non-residential programs shall make reasonable efforts to ensure that the youth attend their program daily. The non-residential program shall inform the supervising Region of daily attendance and all attendance problems. The reporting guidelines are as follows:

- A. Daily attendance shall be reported by 10:00 a.m.
- B. When a youth is absent for five consecutive days, he must be discharged
- C. When a youth is absent for two consecutive days or five days during one month, the program shall provide the supervising Region with a plan of action to include:
 - 1. Reason for the absences, if known
 - 2. Provider's efforts to assist the youth in returning to the program
 - 3. Youth's expected date of return, if known

The supervising Region shall review the plan for appropriateness. If the youth is absent for five days in any subsequent month for the remainder of his/her placement, a case staffing shall be conducted to determine the appropriateness of continued placement in the program.

3.4 HOME PASSES (RESIDENTIAL) (SEE ATTACHMENT)

- A. Home passes shall be granted to allow the youth visits with the person(s) identified at the multi-disciplinary team staffing. Home passes for youth shall be considered an integral part of the youth's treatment plan. Frequency and duration of passes will be determined by the multi-disciplinary team and incorporated into the Individual

Treatment/Intervention Plan. Any changes or variations must be approved by the placing Region. Prior to granting home passes, the potential risk to public safety, benefit to youth and adequacy of home supervision shall be considered.

Prior to granting an initial home pass to a youth, the provider shall contact the placing Region to determine whether the court or the Agency has placed restrictions on the youth's pass privileges. The initial home pass shall be approved in writing by the placing Region.

At the conclusion of each pass, the provider shall determine whether problems occurred or other significant positive or negative events transpired. This information shall be documented in the youth's case record. Any unusual occurrences shall be reported to the supervising Regional office immediately.

- B. Frequency of passes shall be determined by the provider in accordance with the program description, subject to the following:
 - 1. Home passes shall not exceed 72 consecutive hours.
 - 2. No youth shall be allowed to remain on a pass for more than 168 hours (7 days) per 30 day period without prior approval from the placing Regional Office.
- C. When planning holiday home passes, the following guidelines shall apply:
 - 1. Youth must be advised of the criteria for holiday home passes as far in advance as possible. No deviation from the criteria is allowed.
 - 2. To the extent possible, passes should be in line with the existing behavioral treatment program (i.e., level system).
 - 3. The length of the pass should be based on the needs of the youth rather than those of provider staff.
 - 4. Regular passes may be accumulated during the month for an extended holiday pass up to a maximum of 168 hours, including travel time, for those youth on the highest program levels.
- D. All other special passes (i.e., funerals, extra passes due to weather conditions, etc.) must be approved by the Regional Manager, or his/her designee, of the placing Region.

3.5 TEMPORARY CLOSURE OF FACILITY

Programs providing services to the Agency are expected to provide these services on a continuous basis consistent with the terms of the contract.

Without prior approval of the Agency, a provider cannot be closed by assigning all youth on home pass.

The only situation not requiring prior approval for temporary closure shall be a natural disaster, fire, flood, or other emergency situation in which the provider may be closed temporarily, at the discretion of the provider, to ensure safety and well being of the residents. Payment may be withheld if a program cannot provide the Agency with satisfactory justification describing the nature of the emergency or potential hazard to residents, which precipitated the closing of the facility.

Once the safety of the youth is assured, the provider shall immediately notify the supervising Regional Manager. Notification shall include the physical location of each youth assigned to the program.

3.6 TRAVEL

3.6.1 IN-STATE OVERNIGHT TRAVEL

- A. Planned overnight outings, within the State, shall be approved by the Regional Manager of the supervising Region.
- B. The program's administrator or his/her designee shall notify the Regional Manager of the supervising Region of the following:
 - 1. The date(s) of the outing
 - 2. Location of overnight accommodations (address and telephone number)
 - 3. Scheduled location of outing
 - 4. The number of youth involved
 - 5. The number of staff providing supervision as well as their names and positions.
- C. Notice to the supervising Regional Manager shall occur at least seven days prior to the scheduled outing. This notice shall be either verbal or written. Written documentation of a verbal notice shall be provided to the Regional office at least three days prior to the outing.
- D. Travel for non-custody youth require parental consent only.
- E. Any "unusual occurrences" during the outing shall be reported to the supervising Regional Office immediately.

3.6.2 OUT-OF-STATE TRAVEL

Prior authorization is required for out-of-state travel. Below is the procedure to follow:

- A. The provider:
 - 1. Notifies the supervising Region in writing at least 30 days prior to the scheduled outing. The following information shall be included:
 - a. The dates of the scheduled trip
 - b. The destination of the trip
 - c. The transportation arrangements
 - d. The address and phone number of overnight accommodations
 - e. The staff, by name and position, and youth
- B. Supervising Region:
 - 1. Shall notify the placing Region of the proposed travel
 - 2. Shall obtain youths' signature on the Interstate Compact Out-of-State Travel Permit and Agreement to Return form and maintain forms in the youths' file
 - 3. Shall contact the Agency Deputy Secretary, or his/her designee, for authorization for out-of-state travel after court approval is obtained
 - 4. Shall notify provider of final decision
- C. Placing Region:
 - 1. Obtains court approval after notification
 - 2. When possible, obtains parental approval
 - 3. Advises supervising Region when court approval is obtained

3.6.3 OUT-OF-STATE TRAVEL/INDIVIDUAL YOUTH

Out-of-state travel for an individual youth in the custody of the Agency must have prior written approval of the Deputy Secretary and the court of jurisdiction. It is the responsibility of the placing Region to contact the Deputy Secretary and the court of jurisdiction. The information required in section 3.6.2 shall be included in the request for out-of-state travel.

Out-of-State travel for non-custody youth requires parental consent only. The provider, however, shall notify the supervising Region of the youth's name and date(s) of travel.

3.7 RECREATION

A provider shall have a written recreation plan consisting of a minimum of one hour of structured recreation services daily, which shall not include television. Activities shall be determined by the individual needs, interests, and the functioning levels of the youth served.

The recreational program must include both indoor and outdoor activities. Activities must minimize television and make use of a full array of table games and other activities that encourage both solitary entertainment and small group interaction. A comfortable furnished area should be designated inside the facility for leisure activities.

The provider shall have an adequate number of qualified recreational staff to ensure effective organizing and supervising of provider and community activities. It is the provider's responsibility to arrange transportation and maintain adequate supervision. Utilization of community recreational resources shall be maximized.

Any costs associated with recreational activities shall be the responsibility of the provider. No youth shall be required to pay to participate in recreational activities. Participation in recreation shall be documented and maintained in the youth's case file.

3.8 EMPLOYMENT (RESIDENTIAL)

The provider shall maintain written policy and procedures that ensure agency resources and staff time are devoted to assist employable youth in locating employment, when appropriate. Employment shall not interfere with the education or treatment program as identified in the Individual Treatment/Intervention Plan.

Staff shall ensure that youth are employed only in settings that meet all legal and regulatory requirements. The provider shall periodically visit the job-site to verify the youth is working under acceptable conditions. The provider shall regularly consult the employer concerning the youth's performance.

Every reasonable effort shall be made to select employment opportunities that are consistent with the youth's age and interests. Preference will be given to jobs that are related to prior training, work experience, or institutional training which may be suitable for continuing post-release employment. Reasonable effort shall be made to provide youth with the highest paying job possible. Utilization of community and state job training and employment resources shall be maximized. Earned income by a youth in a residential setting/facility shall be managed in accordance with the provisions of SOP 3.13.1.

Incremental progress toward this treatment goal shall be recorded in the Individual Treatment/Intervention Plan monthly.

3.9 EDUCATION

A contractor shall ensure that each youth has access to appropriate educational and vocational services that are consistent with the youth's abilities and needs, taking into account age, level of functioning, and any educational requirements specified by law.

- A. All youth of mandatory school age shall be enrolled in a school system or in a program approved by the Department of Education. Any program that provides education on the grounds of the facility through a cooperative agreement with the local education agency or by virtue of an approved alternative school status shall ensure provision of all educational services by teachers certified by subject/grade as defined by the Department of Education. **Regardless of the status of the school system utilized by the facility, every effort shall be made to ensure youth in the program are afforded the opportunity to take all state-mandated standardized testing.**

- B. The program shall provide structured educational activities for youth pending their enrollment in an appropriate educational/vocational setting.

It is the provider's responsibility to facilitate referral to the School Building Level Committee (SBLC) when a youth is not making progress in the regular educational setting.

The program shall ensure that the special education needs of youth assigned to its care are addressed through the youth's Individual Education Plan (IEP) as required by state and federal regulation. (SEE ATTACHMENT)

- C. The program shall maintain cooperative relationships with local school systems, colleges/universities, and trade schools for the purpose of developing and maintaining suitable programs for youth.
- D. All eligible youth shall be given the opportunity to participate in a program of instruction leading to a traditional high school diploma or GED.
- E. All youth who have obtained a high school diploma or GED and who desire to be enrolled in ACT preparation shall be given the opportunity to enroll and complete ACT testing.

- F. All youth who have obtained a high school diploma or GED and desire vocational education shall be given the opportunity to participate in a vocational program either on or off site.
- G. All youth who have obtained a high school diploma or GED and have taken the ACT, shall be given the opportunity to enroll in a college/university either on or off site or via the internet.

Incremental progress toward this treatment goal shall be recorded in the Individual Treatment/Intervention Plan monthly.

3.10 RELIGION (RESIDENTIAL)

Written policy and procedure shall ensure that attendance at religious services is voluntary. No youth shall be required to attend religious services.

- A. All youth shall be provided the opportunity to voluntarily practice their respective religion.
- B. Youth should be permitted to attend religious services of their choice in the community.
- C. The provider shall arrange transportation and maintain adequate supervision for youth who take part in religious activities in the community.
- D. If the youth cannot attend religious services in the community because staff has reason to believe he/she would attempt to flee, the provider shall make every effort to ensure that he/she has the opportunity to participate in religious services on-site.
- E. Youth should be permitted to receive visits from official representatives of their respective faith.
- F. When the youth is a minor, the provider shall determine the wishes of the legally-responsible person with regard to religious observances and shall make every effort to ensure these preferences are accommodated.

3.11 BEHAVIOR MANAGEMENT

Each provider shall have comprehensive written policies and procedures regarding a best practice or evidence-based behavior management program, which shall be explained to all youth, families and staff. These policies shall include positive responses for appropriate behavior, a provision for notice to the youth being disciplined, a mechanism for a fair and impartial hearing by a disciplinary committee and a process for appeal. The Behavior Management Plan is subject to modifications and approval by OYD.

Disciplinary actions are not the same as the consequences that are spelled out as a part of an individual behavioral treatment plan for the youth.

Providers shall make every effort to resolve problems with the least amount of formal disciplinary activity possible.

3.11.1 CHARACTERISTICS OF THE FORMAL DISCIPLINARY PROCESS

Prior to initiating a report or disciplinary action, careful attention must be given to the program rules to determine the seriousness of the behavior and the appropriate type of discipline. Disciplinary activity must not compromise the safety and well-being of the youth.

- A. Staff will make every effort to manage the behavior of youth by using positive reinforcement, setting clear expectations, and providing appropriate incentives.
- B. Discipline will be administered in a way that creates a learning experience for the youth.
- C. Discipline is not to be administered in a way that degrades or humiliates a youth.
- D. No youth shall supervise or carry out disciplinary actions over another youth.
- E. Providers are prohibited from using the following actions as disciplinary responses:
 - 1. Corporal punishment of any kind
 - 2. Physical exercise or repeated physical motions
 - 3. Denial of meals/fluids
 - 4. Denial of usual services
 - a. Education
 - b. Vocational services and employment

- c. Medical services
- d. Communication with family, probation officer, or legal counsel
- 5. Extra work detail

3.11.2 RESTITUTION

The Agency's policy holds youth responsible for the financial consequences of their actions by authorizing restitution as part of the disciplinary process.

A. Basis for Restitution

1. Actual cost restitution may be ordered as part of the disciplinary process when a youth has willfully damaged or destroyed property, or when an incident results in outside medical care for staff or youth.
2. All youth shall be afforded an administrative hearing in accordance with the disciplinary procedure of the provider and standards set forth in this document if restitution is to be considered. The facts must be documented by staff and a hearing must be conducted with the multidisciplinary team.

B. Collection of Restitution

1. Funds for restitution may be withdrawn from the youth's personal funds, not to exceed one-half the total in the account. The youth's personal needs allowance can be used to pay restitution only with the youth's agreement. If the youth does not agree, and have no other funds available or have insufficient funds, a plan must be developed by the provider to assist the youth with restitution. In no instance shall a provider withdraw **all** funds in a youth's account to satisfy a restitution claim.
2. A summary of restitution activity shall be included in the quarterly report.

3.11.3 APPEAL OF DISCIPLINARY PENALTIES

Each provider shall have a formal written process through which a youth can appeal a disciplinary action and receive a review of his/her case by the multi-disciplinary team. At orientation and at the time of any disciplinary action, the provider shall explain to the youth how to use the appeal process. This process must be submitted to the contract monitor for approval.

3.12 CONFIDENTIALITY

Confidentiality of records is of utmost importance.

At a minimum, the provider shall adhere to the following procedures:

- A. All records shall be stamped "confidential" on the cover or outside folder.
- B. Youth records shall be kept in locked areas and shall be directly supervised and controlled by an authorized staff member.
- C. Automated records shall include a procedure to ensure confidentiality.
- D. The provider shall have written policy and procedures to address the confidentiality of youth records.
 - 1. Written policy shall specify what information will be available to the youth and/or to the youth's parent/guardian, and/or employer particularly in the following instances: if the youth's mental and/or social adjustment might be negatively affected; if a co-defendant is involved; if a confidential youth record is included; or if informants are named in the record.
 - 2. Written procedures shall specify who will supervise the maintenance of the records, who shall have custody of records, and to whom records may be released.

3.12.1 ACCESS

- A. Access to confidential youth files shall be limited to the following authorized persons:
 - 1. Staff authorized by the provider and members of the administrative staff of the provider's parent agency
 - 2. A parent/guardian for youth under age 18 or the youth if he/she is age 18 or over
 - 3. Appropriate staff of the Agency
 - 4. Counsel for the youth with signed consent form
 - 5. Judges, prosecutors, and law enforcement officers, when essential for official business
 - 6. Individuals and agencies approved by the Agency to conduct research and evaluation or statistical studies
 - 7. State licensing reviewers
 - 8. Social service agencies

- B. If the Agency believes that information contained in the record would be damaging to the youth's treatment/rehabilitation, that information may be withheld from the youth and/or his/her parent(s) or others except under court order.

3.12.2 YOUTH IMAGES

- A. No youth in the custody or under the supervision of the Agency shall be used in person or by images (photograph or audio/video recording) for the express purpose of fundraising efforts.
- B. Written policy and procedure shall specify instances under which information concerning a youth shall be released. This policy shall include, but not be limited to, release of photographs to law enforcement, media or for inclusion in provider newsletters or publications.
- C. Permission to release or use the photographs of youth in the custody of the Agency shall require written authorization from the Deputy Secretary or his/her designee. For youth under the supervision of the Agency, the provider shall obtain signed authorization from the youth and his/her parent or guardian on an appropriate release waiver.

3.12.3 RELEASE FORMS

- A. The youth and legal authority (parent/guardian or PPO/J) will sign a Release of Information Consent Form before information about the youth is released.
- B. The Release of Information Consent Form shall include the following:
 - 1. Name of person, agency or organization requesting information
 - 2. Name of person, agency or organization releasing information
 - 3. The specific information to be disclosed
 - 4. The purpose or need for the information
 - 5. Date consent form is signed
 - 6. Signature of the youth and the legal guardian parent/guardian
 - 7. Signature of the person witnessing the youth's signature
 - 8. An expiration date
- C. A copy of the consent form shall be maintained in the youth's record.
- D. No documents provided by the Agency shall be reproduced or distributed without the Agency's written permission.

3.12.4 RETENTION OF YOUTH RECORDS

Providers shall have a written policy on the retention and disposal of records.

All youth records shall be purged six years after discharge or on the youth's 18th birthday, whichever is longer.

3.13 PERSONAL FUNDS

3.13.1 HANDLING BY PROVIDER

Provider shall be required to deposit all personal funds collected for the youth in a public banking institution's non-interest bearing account specifically designated "Youth Personal Funds" and to maintain a ledger showing the status of each youth's account.

If a youth's personal funds exceed \$250.00, the provider shall open an individual interest-bearing account in the name of the youth.

All withdrawals by a youth or expenditures made on behalf of a youth by the provider shall be documented by a withdrawal request, signed and dated by the youth. This documentation shall be reconciled to the youth's ledger monthly. (SEE ATTACHMENT)

A provider may limit the amount of a withdrawal, if possession of excess monies creates a security problem within the program, or as part of a behavior management plan. Restriction of access to earned income shall require the approval of the multidisciplinary team.

3.13.2 REPORTING REQUIREMENTS

A report shall be filed with the Agency by July 15 for the year ending June 30 showing a list of all youth account balances, date of admission and, if appropriate, the date of discharge. This includes all residents who were in the program at any time during the preceding year. The personal fund account is subject to review or audit by the Agency or its representatives at any time. Any discrepancies in youth accounts shall be resolved within 14 days of notification.

3.13.3 TRANSFER OF PERSONAL FUNDS

When a youth is discharged from the program, the balance of his/her account minus any funds due the provider shall be given or mailed to him/her within seven (7) working days, regardless of the reasons for discharge.

If the youth is to be reassigned to another program, a check made in the name of the youth shall be forwarded to the new program within seven working days.

The provider must document efforts made, including contact with the Agency, in attempting to locate a youth for transfer of funds. When a youth cannot be located, funds held on his/her behalf are considered abandoned after 90 days and shall be remitted to the Agency. The refund check must be accompanied by the youths' names and case numbers.

3.13.4 ALLOWANCES

All youth assigned to residential treatment programs will receive an allowance, which the Agency will pay to the provider in addition to the basic daily rate. Allowances shall be paid at the rate specified by the contract stipulation.

Allowance funds are part of the youth's personal property. Allowance funds not previously dispersed to the youth cannot be denied at the time of discharge.

The provider shall maintain accurate records of all allowance and personal fund transactions.

3.13.5 CLAIMS AGAINST A YOUTH'S ACCOUNT

A provider shall not require youth to pay for services and supplies which are to be provided by the facility (i.e., toiletries, linens, laundry service, drug screens, routine supplies and lunch money).

The provider shall not access the youth's account for damages without conducting an investigation into allegations against the youth which merit restitution to the facility and then allowing for the youth to file an appeal on the findings. The appeal will be reviewed and a final decision made and the youth shall be provided, in writing, the results. If restitution is paid, the youth will be told how much and how often the money will be taken out of the youth's account.

3.13.6 EARNED INCOME

The provider is responsible for accounting of income earned by the youth.

The provider shall establish a written plan for the youth to save at least 20% of his/her net earnings. The plan shall specify the purpose for which funds saved will be used at program completion (i.e., deposits on utilities and housing, purchase of tools necessary for training or employment.)

3.14 FOOD SERVICE

Programs required to provide meals shall serve a varied and nutritionally adequate diet with menus approved annually by a qualified nutritionist, physician or dietitian, to ensure that nationally recommended allowances for basic nutrition are met. Youth with special nutritional needs for medical or religious purposes will be provided a specialized diet.

The Agency's Food Service Director will make routine inspections of food service facilities and review menus.

3.15 TRANSPORTATION

It shall be the responsibility of the program to provide all transportation associated with the youth's Individual Treatment/Intervention Plan.

It is the Agency's responsibility to assure the youth's appearance at all court proceedings and to arrange transportation as indicated.

- A. The provider shall be responsible for transportation to and from the facility for passes in accordance with the youth's Individual Treatment/Intervention Plan.
- B. Arrangements for transportation and care shall be made between the provider and placing Region immediately upon receiving written notification requesting the youth's appearance at a court hearing.
- C. The facility shall have an adequate number of vehicles to move the entire population at any given time.
- D. Travel time to or from a day treatment provider shall not exceed one hour.

3.16 CLOTHING (RESIDENTIAL)

Youth shall have sufficient clothing appropriate to participate in activities included in their Individual Treatment/Intervention Plan. Prior to placement, an inventory of all the youth's clothing shall be completed by the placing Region and given to the provider.

Youth should arrive at the provider with their own clothing. If the youth does not have sufficient clothing, the facility director or his/her designee shall contact the placing Region for authorization to make an initial clothing purchase.

Replacement clothing will be purchased at the expense of the provider. Clothing left behind when a youth runs away from a facility shall be immediately secured, inventoried and delivered to the supervising region upon discharge.

3.17 REIMBURSABLE PROGRAM-RELATED EXPENSES

The Agency will reimburse the provider for certain program-related expenses, according to the following terms:

- A. The item or service must be provided to promote the health, well-being, and/or treatment goals of the youth.
- B. The item or service is not available, nor fundable through any other source, including the family of the youth.
- C. The cost of the item or service is not specifically funded by the per diem paid to the provider, nor uses the cost of other items or services submitted by the provider for the purpose of any part of a per diem rate.
- D. The provider gets prior approval from the Deputy Secretary or his/her designee to make the expenditure.

3.17.1 EXAMPLES OF REIMBURSABLE EXPENSES (RESIDENTIAL)

In certain emergency or unusual circumstances a youth may need an item or service not included in the per diem rate.

Each item or service submitted for reimbursement will be reviewed on a case-by-case basis. Examples of reimbursable expenses include the following:

- A. Clothing Purchases

A basic wardrobe will be provided to any youth placed in the custody of the Agency when the youth has insufficient clothing and no means to provide for clothing. Requests for initial clothing purchases must include a clearly documented need and shall be submitted to the Agency within the first 15 days of placement.

The initial clothing purchase shall be limited to a maximum of \$350.00 per youth and will constitute a one-time expenditure.

The program shall provide for other basic clothing needs to include seasonal garments and replacement of outgrown clothing.

B. Medication Not Covered By Medicaid

The Agency will reimburse the provider for medications and/or health care items/services based on the following criteria:

1. The item or service is prescribed by a physician, or other health care professional licensed to provide such services.
2. The item or service is directly related to the health and well-being of the youth.
3. The item or service is denied reimbursement by Medicaid
4. The item or service is directly related to the treatment of an existing condition.

C. School Expenses

The Agency will reimburse the provider for certain expenses directly related to educational or vocational services.

Reimbursement shall not include the routine purchase of school supplies, paper, pencils, pens, notebooks, workbooks, lunch fees, etc.

Program-related expense reimbursement for educational and vocational expenses will be limited to those items not included in the per diem rate and may include expenses such as the following:

1. Tuition for approved course work, vocational education or required summer school
2. Tools, textbooks, supplies and special clothing required by vocational courses

For reimbursement of vocational or post-secondary educational expenses, the provider shall submit documentation that the student has applied for and been denied financial assistance from state and federal programs or vocational assistance.

D. Reimbursement for Mileage

The cost of transportation that is necessary due to extraordinary or extenuating circumstances that arise during the course of a youth's treatment program may be borne by the Agency under the following circumstances:

1. Transportation of the youth is not part of the routine services provided by the program for which it is reimbursed in the per diem rate.
2. The transportation required is to meet a specific unplanned or extraordinary need of the youth.

Mileage rates will be based on Division of Administration State Travel Regulations PPM 49.

E. One-on-One Staffing

When extraordinary circumstances require one-on-one supervision of a youth, the additional costs of such an arrangement shall be requested by a provider and negotiated on a case-by-case basis. The request shall include the hourly rate of pay and the title and name of the person(s) providing the supervision. Requests are handled by the Supervising Region. One-on-one staffing may only be considered in crisis situations to address the safety of the youth and other residents.

One-on-one staffing is strictly short term (three to five days). Extensions beyond five days require written justification and authorization.

SECTION 4 TREATMENT

Minimum treatment standards established herein shall apply to all services provided by the program. Any waiver or variation from the standards stated in this section must be specified in the contract with the Agency.

4.1 INDIVIDUAL TREATMENT/INTERVENTION PLAN

The provider shall develop a written individualized treatment/intervention plan designed to enhance the growth and development of each youth assigned to its care. The plan shall address the youth's individual educational, vocational, medical, personal, behavioral, placement and chemical dependency needs. This plan shall be developed by the provider in collaboration with the multidisciplinary team, utilizing all available resources including the Individual Service Plan, psychological evaluation, educational records, social history, provider pretest and any other pertinent information. The plan shall be completed within 14 days of admission and a written copy shall be submitted to the supervising Region, the placing Region, if different, and the youth and youth's parents within seven (7) days.

The treatment plan will include:

- A. Anticipated length of stay
- B. Specific program goals to be achieved while in the program
- C. Plans to support and resources to be provided to the youth to continue to meet treatment goals in the community; these may include action steps to be taken by OYD, the provider, and the parent/guardians.
- D. Contents of reintegration plan

The treatment/intervention plan shall be reviewed monthly and progress or lack thereof shall be noted in the youth's record.

4.2 REINTEGRATION PLAN

The reintegration component of the plan shall be completed within 14 days of admission and submitted to the supervising Region, the placing Region, if different, and the youth and youth's parents within seven (7) days.

The reintegration plan will include:

- A. Continued Medication/Mental Health needs

- B. Vocational/educational goals
- C. Continued coordinated and integrated service delivery

4.3 COUNSELING

Counseling/therapy may take place in-house and/or through community resources by a qualified counselor/social worker/therapist.

For the purpose of this section, all counseling/therapy services provided to a youth, whether individual, group, or family, must include the following elements:

- A. Counseling/therapy should be planned, goal-directed, and focused on assisting the youth in achieving Individual Treatment/Intervention Plan goals and objectives.
- B. The methods and techniques applied in counseling and the frequency and intensity of the sessions should be determined by assessment and noted in the Individual Treatment/Intervention Plan.
- C. Counseling/therapy should utilize accepted counseling/therapy theory and practice and be directed toward helping individuals understand and solve specific issues, to discontinue inappropriate, damaging, destructive or dangerous behaviors, and/or to fulfill individual needs.
- D. The minimum standard for the frequency of counseling/therapy services shall be specified in the contract with the Agency and shall be based on the identified needs of the youth.
- E. Incremental progress toward this treatment goal shall be recorded in the Individual Treatment/Intervention Plan monthly.

Individual Counseling/Therapy

Individual counseling/therapy must be conducted by a qualified counselor/social worker/therapist under supervision of a licensed mental health professional.

Individual counseling/therapy shall be an ongoing component of the youth's Individual Treatment/Intervention plan. Each youth shall be assigned an individual who will be responsible for providing the counseling/therapy.

Individual counseling/therapy shall make provisions for crisis intervention and pursuit of goals/behaviors identified in the youth's Individual Treatment/Intervention plan.

In order to be considered individual counseling/therapy, sessions must be a minimum of 30 minutes and must be conducted by an identified service provider. Individual counseling/therapy services shall be provided to each youth for a minimum of one hour per week. All session shall be conducted by the youth's counselor/therapist.

Each individual counseling/therapy session must be documented on the "Progress Notes" form using an accepted format and must document beginning and ending time, date, goal addressed, and signature of individual providing the service.

Adequate space shall be provided for conducting private interviews and counseling/therapy.

Group Counseling (SEE ATTACHMENT)

Group counseling/therapy must be conducted by a qualified counselor/social worker/therapist under supervision of a licensed mental health professional.

Group counseling shall be an ongoing component of the youth's Individual Treatment/Intervention Plan and aligned with the identified needs of each youth.

Group interventions targeted to specific issues are to use an evidence-based, best practices model.

Organized staff development in the specific model of intervention must be included in the facility's staff orientation plan for staff providing the intervention.

Group counseling sessions are to be a minimum of one (1) hour in duration. Each group session must be documented individually for each youth participant. Group notes must be individualized and state information relevant to the content, behavior, progress, etc. of the youth being documented, rather than a general summary of the group. A separate group note must be written for each participant and must include only the name of the individual being discussed. Notes must include beginning and ending time, date, and signature of provider.

Family Counseling

Family counselors must have documented instruction and experience in family counseling.

Family counseling/therapy shall be conducted by an individual with, at minimum, a master's degree in a mental health field and documented instruction and

experience in family counseling, who is supervised by a licensed mental health professional.

Family counseling services shall be an integral part of the youth's Individual Treatment/Intervention Plan and shall be provided to all youth who will return home upon release. Family counseling shall specifically address issues that directly or indirectly resulted in the youth's removal from his/her home and the issue of his/her eventual reintegration into the community.

Family counseling shall be made available to families of youth with clinically identified child-parent relational issues, unless a licensed mental health professional has identified and documented in the client record that such intervention would be detrimental, at the time, to the youth's mental health. A statement of goals to be achieved or worked towards by the youth and his/her family shall be part of the Individual Treatment/Intervention Plan.

Family counseling may include private family counseling sessions and/or family group sessions. These sessions shall be made in person whenever possible, but the facility shall also utilize conference telephone sessions if distance makes face-to-face sessions unworkable. Family sessions shall be conducted, at minimum, one hour monthly as noted in the Individual Treatment/Intervention Plan.

Each family counseling session must be documented in session notes using an accepted format (DAGP) and must document beginning and ending time, date, goal addressed, and signature of the individual providing the service.

4.4 EDUCATIONAL GROUPS

Educational groups are designed to provide youth with the opportunity to acquire skills that foster healthy decision making and effective critical thinking. As outlined in Agency contracts, residential programs will provide:

A. Gender Specific Group/Education

These groups may be provided by Case Managers under supervision of the master's level mental health professional.

The purpose of this group is to address the risk factors that predispose youth to delinquency and maladaptive behaviors. The group focus is on education and support, and deals with such issues as relationships, intimacy, self-esteem relative to gender, sexuality, identity, self-esteem, trauma, substance abuse education, moral development, parenting, etc.

B. Independent Living Skills Training

A contractor shall have a program to teach **all** youth independent living skills consistent with their needs.

This program shall include, at a minimum, instruction in:

1. Hygiene and grooming skills
2. Laundry and maintenance of clothing
3. Appropriate social skills
4. Housekeeping
5. Use of recreation and leisure time
6. Use of community resources
7. Money management

When appropriate, the program shall also include instruction in:

1. Use of transportation
2. Budgeting
3. Shopping
4. Cooking
5. Punctuality, attendance, and other employment-related matters
6. Vocational planning

Incremental progress toward this treatment goal shall be recorded in the Individual Treatment/Intervention Plan monthly.

C. Parenting/Early Childhood Development

These groups will be conducted by an individual with demonstrated instruction and/or experience in prenatal care and early childhood development.

The purpose of this group is to educate youth in the importance of prenatal nutrition and healthcare, proper care for children in the early stages of development, and various parenting skills, including discipline techniques and strategies to cope with the responsibility of parenthood.

D. Social and other Soft Skills

1. Anger management
2. Conflict resolution
3. Refusal skills
4. Interactions with authority figures
5. Negotiation/compromising skills

4.5 FAMILY EDUCATION/PARENTING PROGRAM

The purpose of the family education/parenting skills program is to teach parents/guardians to use effective consequences to increase acceptable behavior and decrease problem behavior, show parents/guardians how to manage stressful situations and teach their children skills to manage themselves in such situations, and to provide parents/guardians with ways to open lines of communication with their children.

4.6 SPECIALIZED SERVICES FOR YOUTH WITH SEVERE EMOTIONAL DISTURBANCE

Psychiatric Services

Psychiatric services are to be provided to youth needing psychotropic medication for management of a severe emotional disturbance. Psychiatric services may be provided by a psychiatrist on staff, or through contract or cooperative agreement with a community mental health center or a licensed psychiatric rehabilitation agency. Psychiatric services will include evaluation, medication management, and consultation with program staff in the overall treatment/management of the youth's mental illness.

When services are provided by an individual on staff or on contract with the program, the psychiatrist shall be, at a minimum, a licensed board-eligible child/adolescent psychiatrist **or** a licensed board-eligible adult psychiatrist with at least three years experience in providing services to children/adolescents.

Psychiatric services shall be provided as needed for appropriate care based on the acuity level of the youth but no less frequently than once per month.

Crisis Intervention

The facility shall have a written plan for the provision of crisis evaluation and intervention services on a 24 hour basis. When the plan includes service provision by an outside agency or individual, there shall be a written contract or cooperative agreement with the outside party.

Family Education/Counseling

Family education regarding mental illness signs and symptoms, behavior management, and medication compliance shall be made available to families of youth with severe emotional disorders.

Family education shall be provided by an individual with a master's degree in a mental health field **or** any staff member who has documented training in the above.

Youth with Special Needs/Learning Disabilities/ADHD

Accommodations shall be provided as needed to all youth with mental retardation or learning disabilities to adequately understand and participate in any services/programs provided by the facility.

4.7 REPORTING TREATMENT PROGRESS

Beginning with the date of admission, the provider shall complete, in writing, a Quarterly Progress Report on each youth.

- A. The quarterly report shall document the youth's progress toward meeting the goals and objectives set forth in the Individual Treatment/Intervention Plan. Quarterly reports should focus on areas of positive change in behavior, participation level, and skill acquisition, as well as on the factors required for successful program completion.

The quarterly report shall also include, at a minimum:

1. The youth's medical condition, any medical treatment and/or medications prescribed
 2. The youth's current grades (if applicable, attach copy of current report card)
 3. Any unusual occurrence reports involving the youth
 4. The dates of any home visits during the reporting period and documentation of any problems reported
 5. The dates of family counseling sessions and documentation of parental participation
 6. Summary of restitution activity, if applicable. Reintegration Plan update including follow-up services
- B. Copies of the Individual Treatment/Intervention Plan and quarterly report shall be distributed, by the provider, to the court of jurisdiction, district attorney, supervising and placing Region(s), and parent or guardian within seven days of completion. Documentation of compliance shall be maintained in the youth's case file.

SECTION 5 SECURITY AND SUPERVISION

5.1 MONITORING MOVEMENT OF YOUTH

Youth in residential placements are in the legal custody of the Agency. The Agency has a responsibility both to the court of jurisdiction and the public to know the location of youth at all times.

The provider shall follow a written plan to allow staff in residential and non-residential alternative programs to monitor movement into and out of the facility. Program staff shall be able to account for the whereabouts of its participants at all times.

5.2 RUNAWAY

A youth shall be considered a runaway if he/she leaves the facility's grounds without permission and fails to return within two hours, or if in the reasonable judgment of the staff, there is cause to suspect the youth has left with no intent to return.

- A. In all instances the provider shall immediately notify the Supervising Region Duty Officer, local law enforcement, and contact the parent/guardian of the youth.
- B. Clothing and other personal belongings shall be secured immediately.
- C. The provider shall not discharge a youth at the time of a runaway. The youth shall continue to be assigned to the program, although not physically present, for five days. The program must accept the youth back if apprehended and returned to the program within five days. The program will be reimbursed for the days the youth was on runaway status, up to five days. If the provider chooses to discharge the youth after his/her return, the procedures outlined in section 3.2.2 or 3.2.3 shall apply. Youth on runaway status may be discharged at the request of the placing Region before the five days have transpired.

5.3 ROUTINE SEARCHES

Searches should be a part of every provider's program and should be conducted on a routine basis. The primary objective of a search is to ensure the safety of all youth, staff, and visitors. Searches shall be completed in the least intrusive manner possible for the type of search being conducted. The program shall maintain and make public written policies and procedures for conducting searches of residents, all areas of the facility, staff and visitors to the facility, to control contraband and/or locate missing property. The provider shall also have written

policy and procedures establishing the consequences for residents found with contraband. The youth shall acknowledge, with their signature, that they were informed of what constitutes contraband and the consequences of possession.

5.3.1 PROVIDER SEARCHES

In order to ensure the safety of residents, staff and visitors, periodic house searches for contraband shall be conducted. The frequency and extent of the entire facility and ground searches should be consistent with program policies, and can be included during other routine inspections or activities. Searches shall be conducted by staff trained in the appropriate search techniques. Searches called by the provider staff can be limited to specific areas or youth. Youths' belongings shall be disturbed no more than necessary during the search. The search shall be documented, including who conducted the search, what areas were searched and what type of contraband was found, if any. If a search yields contraband, the supervising probation officer will be notified and if necessary, the appropriate law enforcement agency should be notified.

The facility Director may request the services of the Agency (i.e., training and technical assistance) to assist its staff in conducting a search. The Agency may conduct housing searches if conditions warrant.

5.3.2 PERSONAL ITEMS

Routine searches of suitcases, and/or personal items brought into the facility will be conducted by facility staff prior to the youth taking possession of his/her property, or when the youth is returning from a home pass. Searches of a youth's belongings may be done at any time and shall be as minimally intrusive as possible. Youth should be present when his/her belongings are being searched. All searches shall be documented in the facility's log and if a search yields contraband, the supervising officer will be notified and if necessary, the appropriate law enforcement agency should be notified.

5.3.3 RESIDENT PAT-DOWN SEARCHES

Pat-down searches of youth may be conducted whenever the provider feels it is necessary, to discourage the introduction of contraband into the facility, or to promote the safety of staff and other youth. A pat-down search may be used when a youth returns from a visit, outside appointment or activity when there is reason to believe contraband is on his/her person.

Pat-down searches are conducted as follows:

- A. The search shall be conducted by staff trained in proper search techniques.

- B. The search shall be conducted by a staff member of the same sex and shall be in the presence of another staff member.
- C. The youth is told he/she is about to be searched.
- D. The youth must remove all outer clothing (gloves, coat, hat, socks, shoes and belt) and empty all pockets.
- E. The staff person shall then pat the outer clothing of the youth using only enough contact to conduct an appropriate search.
- F. If the staff member finds a bulge, odd shaped lump, etc., the youth shall be asked to identify the item and appropriate steps should be taken to remove the item for inspection.
- G. If the youth refuses to comply, the facility's Director shall be notified immediately, and will determine what action is appropriate.

All pat-down searches shall be documented in the facility log. A written report shall be completed when contraband is found and reported to the supervising officer. If necessary, the appropriate law enforcement agency shall be notified.

5.3.4 RESIDENT STRIP SEARCHES

A strip search is a visual search of a youth's nude body, in a place out of the view of other persons. Strip searches may be performed by facility staff upon prior documented approval by the facility director only and only after a pat-down search causes reasonable suspicion to believe that weapons or contraband may be found through additional searches.

The following are procedures for a strip search:

- A. A strip search shall be conducted by two staff members of the same sex as the youth who is being searched. One staff observes the youth to conduct the search. The second staff member observes the staff member conducting the search.
- B. A strip search shall be performed in an area and in a manner that ensures the privacy and dignity of the youth.
- C. The youth shall remove all clothing and move away from the articles.
- D. Staff shall **NOT TOUCH** the youth.
- E. The youth will be asked to run his/her hands through his/her hair.

F. Staff shall search clothing carefully and return it to the youth.

A BODY CAVITY SEARCH—VISUAL OR OTHERWISE--IS PROHIBITED.

All strip searches are to be documented in writing, and if a search yields contraband, the supervising officer will be notified and if necessary, the appropriate law enforcement agency should be notified.

5.3.5 VISITOR SEARCHES

Visitors to the facility shall be advised that their property and personal items may be subject to a search. Visitors may be required to submit packages, handbags and briefcases for inspection by trained staff. If there is reason to believe additional searches are necessary, admission to the facility shall be denied.

All visitor searches shall be documented in the facility log. If a search yields contraband, the supervising officer will be notified and if necessary, the appropriate law enforcement agency should be notified.

5.3.6 STAFF SEARCHES

All staff members shall receive rules that govern what is considered contraband in the facility. An acknowledgement of receipt of these rules will be placed in their personnel file. The facility Director may authorize a search of a staff person's belongings and/or a pat-down search to follow established guidelines. Refusal to comply with the search, or if contraband is found, shall be handled by the facility Director in accordance with the provider's rules and regulations governing employees.

5.4 CONTRABAND DISPOSAL

All contraband found in the possession of youth, visitors, or staff shall be confiscated by staff and secured under lock and key in an area inaccessible to residents. Local law enforcement shall be notified in the event illegal drugs, weapons, or paraphernalia are found. The facility Director, in consultation with the Agency, will be responsible for disposal of all contraband not confiscated by police. Visitor's items that are unauthorized but not illegal will be taken and locked in an area inaccessible to the youth during the visit. These items will be returned to the visitor upon exit from the facility.

5.5 DRUG SCREENS

Drug screens shall be done randomly or on an "as needed" basis with the approval of the facility Director.

- A. A record shall be kept of all drug screens and results.
- B. A positive drug screen shall immediately be reported to the officer supervising the case.
- C. Drug screens shall be conducted when a youth returns from home pass.

5.6 USE OF FORCE

The provider shall use the least amount of force necessary to prevent and/or deter undesired behavior, including runaway behavior.

- A. Physical force shall never be used as punishment.
- B. All use of force shall be documented in writing, dated, and signed by staff reporting the incident. The documentation shall be submitted to the Facility's Director.
- C. Louisiana Children's Code Articles 609 and following mandates that all instances of suspected use of inappropriate force by staff shall be reported to the Child Protection Service of the DSS, Office of Community Services. Use of inappropriate force shall also be reported to the supervising Regional Office using the Written Report Form for Mandated Reporters of Child Abuse/Neglect. (**SEE ATTACHED**)
- D. A program shall not use any form of chemical restraint. If physical restraints are to be used, the program must submit in writing for approval from the Agency and the Department of Social Services, Bureau of Licensing and Certification, the following:
 - 1. the type(s) of restraining techniques
 - 2. the restraints to be used
 - 3. staff training to be provided in regard to physical restraint

5.7 RESTRICTIONS

The provider shall have written policies and procedures regulating the use of room restriction. The policy shall ensure that:

- A. There are procedures for recording each incident involving the use of restriction.
- B. The reason for the room restriction is explained to the youth and he/she has an opportunity to explain the behavior.
- C. Other less restrictive measures have been applied prior to restrictions.
- D. Youth in room restriction shall have access to the bathroom.
- E. Staff shall check on a youth in room restriction a minimum of once every 15 minutes.
- F. Room restriction may only be used in an unlocked area.
- G. Room restriction shall not exceed a total of two hours.

5.8 BATTERY ON STAFF

All instances of battery committed on staff shall be documented and, whenever appropriate, charges will be filed with appropriate authorities. Each such incident shall be reported to the supervising Regional office.

5.9 SUICIDE PRECAUTIONS

All providers must have a written plan for responding to youth who present a risk of suicide. The procedure shall, at a minimum, include the following elements:

- A. A process for determination or assessment of suicidal behavior and risk by qualified professional
- B. A procedure for contacting appropriate health authorities and the Agency
- C. A plan, created by a qualified professional, of direct supervision of a youth until a suicide crisis has ended and ongoing assessment

5.10 ABUSE/NEGLECT REPORTS

In accordance with the Louisiana Department of Social Services, Office of Community Services, all allegations of abuse and neglect shall be reported to the local parish Office of Community Services or the Crisis Intervention Protection hotline.

The Louisiana Children's Code defines abuse and neglect as follows:

Abuse-any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:

- A. The infliction, attempted infliction, or as a result of inadequate supervision, the allowance of the infliction or attempted infliction physical or mental injury upon the child by a parent or any other person.
- B. The exploitation or overwork of a youth by a parent or any other person.
- C. The involvement of the youth in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the care of the youth's sexual involvement with any other person or of the youth's involvement in pornographic displays, or any other involvement of a youth in sexual activity constitutes a crime under the laws of this state.

Neglect – the unreasonable refusal or failure of a parent or caretaker to supply the youth with necessary food, clothing, shelter, care, treatment, or counseling for injury, illness, or condition of the youth, as a result of which the youth's physical, mental, or emotional health and safety is substantially threatened or impaired.

SECTION 6

ORIENTATION

YOUTH'S RIGHTS AND RESPONSIBILITIES

6.1 GENERAL STATEMENT

All youth shall be advised of their rights and responsibilities, and the expectations of the provider, through the orientation process to be conducted within 24 hours of admission. **(SEE ATTACHED)** A signed copy of the attachment shall be filed in the youth's case record.

6.2 MAIL

6.2.1 LETTERS

Youth shall be allowed to send and receive letters from all persons, including people in other programs or institutions, unless specifically prohibited by order of the Court of Jurisdiction. All restrictions of mail shall be documented in the youth's Individual Treatment/Intervention Plan. There shall be no restriction on the number of letters written, the length of any letter, or the language in which a letter may be written.

A. Inspection of Outgoing Letters

Outgoing letters are to be posted unsealed and inspected for contraband.

EXCEPTION: Outgoing "privileged" mail may be posted, sealed and may not be opened except with a search warrant, if it is confirmed addressed to an identifiable source. For purposes of this regulation "an identifiable source" means the official or legal capacity of the addressee is listed on the envelope and the name, official or legal capacity, and address of the addressee has been verified. Possible identifiable sources are the following:

1. Courts
2. Attorneys
3. Probation and Parole Officers/Youth
4. Secretary, Deputy Secretary, Regional Manager
5. Other state and federal departments, agencies and their officials

Upon determination that the letter is not identifiable as privileged mail, the item shall be opened and inspected for contraband.

B. Inspection of Incoming Letters

Letters from the following identifiable sources must be opened by the youth to whom addressed and may be inspected for contraband only in the youth's presence:

1. Courts
2. Agency officials and probation and parole officials
3. Prosecuting attorneys
4. Other attorneys
5. State and federal agencies and officials

C. Reading of Letters

Routine reading of letters by staff is prohibited. The Director may determine that reading of a youth's mail is necessary to maintain security, order, or program integrity.

6.2.2 STATIONERY AND STAMPS

Facilities will provide youth with sufficient stationery, envelopes and postage for all legal and official correspondence and for at least two personal letters each week.

6.2.3 PACKAGES

All packages shall be inspected to prevent contraband.

6.2.4 PUBLICATIONS

Books, magazines, newspapers and printed matter which may be legally sent to youth through the postal system shall be approved, unless deemed a threat to the security of the program.

6.2.5 WITHHOLDING OF CORRESPONDENCE

If it is determined that any letters or publications passed through the mail illegally or present a threat to security, they may be withheld from the youth addressed. This decision will be made by the Director. The decision and reasons are to be discussed with the youth and documented in his/her case file. The youth has the right to appeal this decision to the supervising Regional office.

6.2.6 RESTRICTIONS ON CORRESPONDENCE

All youth, regardless of status, shall be allowed to receive approved correspondence. However, youth on restriction may have their privilege of originating correspondence restricted to communications with the courts, the Agency, parent/guardian, and legal counsel.

6.2.7 COLLECTION AND DISTRIBUTION OF MAIL

Collection and distribution of mail is never to be delegated to a youth, nor should the mail to be dropped on a table or other convenient location for each youth to come and look for his/her mail. Mail shall be delivered promptly to the youth to whom it is addressed.

6.3 VISITATION

The provider shall develop written rules governing visitation and shall provide a copy to each youth, his/her parent or guardian and the placing Region. In all cases, the provider, in collaboration with the Agency, will screen potential visitors and approve or disapprove their visitation in accordance with the provider's criteria.

6.4 PERSONAL SAFETY

Every youth has the right to feel safe. Providers have the responsibility to ensure that youth are safe while in their care.

Every youth shall be advised by the provider of the procedure to contact a professional staff person on a 24-hour basis if he/she does not feel safe.

The Program's Director should make periodic contact with youth in the program to determine if they feel safe and comfortable when interacting with peers and staff. Case managers should routinely ask youth questions regarding perceptions of safety during individual treatment sessions and note responses in case notes. Appropriate action should be taken based on youths' candid responses about safety.

6.5 SMOKING/SALE OF CIGARETTES

Every provider shall establish written policies and procedures banning use of cigarettes and other tobacco products at the facility or while exercising supervision over youth. Recognizing that many youth may need help to stop

smoking, the provider shall assist the youth in obtaining additional services to address this problem.

6.6 RESEARCH

The provider shall not authorize any youth participation in research without written approval of the Agency Deputy Secretary.

6.7 TELEPHONE

Facilities shall have written policies and procedures regarding the youths' use of the telephone.

6.8 TELEVISION PROGRAMMING

Providers may utilize local television programming, cablevision services, satellite dishes, videotape rentals and sales or other appropriate means to provide basic and educational television in accordance with applicable state and federal laws and regulations.

Programming for cablevision/satellite services must exclude premium movie channels, music video channels and other expanded programs due to excessive violence and sexually explicit subject matter.

Examples of basic channels allowed without restriction (not inclusive due to variations in channels available):

- Local television station(s)
- Educational channels (i.e., Louisiana Public Broadcasting, The Learning Channel, The Discovery Channel, etc.)
- Cable News Network
- ESPN
- WTBS
- WGN
- Nickelodeon
- USA
- TNT

Examples of expanded basic, music video and premium channels not allowed (not inclusive due to variations in channel availability)*:

- Home Box Office (HBO)
- Cinemax

Encore
Starz
Pay-per-view
The Playboy Channel
FLIX
Music Video Channels (MTV,TNN,CMT,etc.)
***These channels are not allowed regardless of whether available as part of the basic or expanded basic package.**

Rental of videos rated “R” or “X” is strictly prohibited.
Program Directors will periodically review and monitor television programming.

6.9 VIDEO GAMES

Video games rated T for Teen or M for Mature are strictly prohibited.

6.10 GRIEVANCE PROCEDURES

Each program shall have a written grievance procedure for youth, which includes the right to appeal disciplinary actions. The procedure shall be written in clear and simple language and shall allow youth to make complaints without fear of retaliation.

The grievance procedure shall be explained verbally and in writing to the youth upon admission and quarterly thereafter. Verification of receipt shall be maintained in the youth’s record.

SECTION 7 MEDICAL

7.1 MEDICAL SERVICES (RESIDENTIAL & NON-RESIDENTIAL)

7.1.1 ACCESS TO EMERGENCY SERVICES

The provider shall have a written plan for access to 24-hour emergency medical and dental care. It shall define the circumstances that constitute a medical emergency and include instructions to staff regarding their conduct once the existence of a medical emergency is suspected or has been established. The plan shall include arrangements for the following:

- A. Transportation
- B. Use of hospital emergency rooms or other appropriate health facilities. Should a youth be admitted to a medical hospital, the provider shall immediately notify the youth's parent/guardian and the supervising officer, to facilitate direct supervision of the youth while in the hospital.
- C. Emergency on-call physician and dental services when a health care provider is not readily accessible in a nearby community.

7.1.2 STAFF DEVELOPMENT

Direct care workers and other staff shall be trained to respond to health-related emergencies.

At least one staff member, qualified to administer first aid and cardiopulmonary resuscitation, must be on duty at all times.

Training shall include, at a minimum, the following:

- A. Recognition of signs and symptoms of physical illness and knowledge of action required in emergency situations
- B. Signs and symptoms of mental illness, suicide risk, retardation, chemical use and/or dependency
- C. Methods of obtaining assistance, including emergency medical back-up plans
- D. Procedures for transferring youth to appropriate medical facilities or health care providers

7.1.3 FIRST AID KITS

First aid kits shall be locked up and be placed in an area of the provider's facility readily accessible to youth care workers. Each kit shall include, at a minimum, the following:

- * Latex gloves
- * Rolled gauze
- * Sponges
- * A triangle bandage
- * Band-Aids
- * Instruction pamphlets for first aid
- * Salves and other over-the-counter medication approved by a recognized health authority
- * Antiseptic lotion
- * Note paper and pencil
- * Blunt end scissors, safety pins and tweezers
- * Ammonia inhalant

The contents, location and use of first aid kits shall be reviewed annually with all staff. Contents of the kits shall be inventoried monthly and replenished as needed, taking into account the expiration dates of individual kit items.

7.1.4 COMMUNICABLE DISEASES

The health authority, i.e., the physician health administrator of an agency responsible for provision of healthcare services to the provider, shall establish policies and procedures for serving youth with infectious diseases such as tuberculosis, hepatitis-B, and AIDS. These policies and procedures must address management of communicable diseases, provide an orientation for new staff and youth concerning the diseases, and ongoing education for staff and youth regarding these diseases. Counseling should be provided for those diagnosed as being HIV positive. Policies and procedures must be updated as new information becomes available.

- A. In accordance with law, a youth may request to be tested for the presence of HIV. Youth requesting testing should be taken to a public health provider, or if available, a provider which accepts Medicaid reimbursement for administration of the test.
- B. Examinations shall be performed on youth by proper medical authorities for all symptomatic cases of communicable diseases such as tuberculosis, ova and parasites, infectious hepatitis, and venereal disease. Youth will be tested and, if indicated, treated.

- C. Staff shall be provided information about a youth's medical condition only when that knowledge is necessary for the performance of their job duties. The health authority shall determine policies regarding any necessary labeling of files for staff protection, protection of other youth, or proper treatment for the youth.
- D. Confidentiality shall be maintained.

7.1.5 PREGNANCY

Individual Treatment Plan goals and objectives will be developed when a pregnancy has been confirmed. The plan shall be based on the orders of the youth's community obstetric physician and shall include special care, regular medical check-ups, special dietary and recreational needs, and a proposed plan for the youth and baby following delivery.

- A. Parenting classes shall be an integral part of the Individual Treatment Plan for all pregnant females in care.
- B. Medical services relating to pregnancy shall be provided by a physician/hospital accepting Medicaid reimbursement, unless medical expenses are paid by the youth's family.

In the event the infant is unable to remain with the mother in residential care, the child shall be placed with an appropriate family member or in the temporary care of the Office of Community Services. All efforts should be made to continue contact between the mother and the infant.

7.2 REFUSAL OF MEDICAL TREATMENT

7.2.1 YOUTH 18 YEARS OF AGE OR OLDER

If a youth 18 years of age or older refuses necessary medical treatment or medication recommended by a physician, the youth shall sign a statement of refusal to submit to treatment. A staff member shall witness the youth's signature and this documentation shall be filed in the youth's case record.

In the event of a medical or mental health emergency, as determined by the provider, medical attention for the youth shall be sought immediately. The provider should encourage the youth to comply with medical advice. The provider shall notify the supervising Regional Office immediately whenever a youth refuses treatment.

Although a provider may consent to medical treatment for a youth, the youth has the right to refuse.

7.2.2 YOUTH UNDER 18 YEARS OF AGE

When a youth under 18 years of age refuses necessary treatment or medication recommended by a physician, the youth shall sign a statement of refusal to submit to treatment. A staff member shall witness the youth's signature and this documentation shall be filed in the youth's case record.

In the event of a medical or mental health emergency as determined by the provider, medical attention for the youth shall be sought immediately. The provider shall encourage the youth to comply with medical advice. The provider shall immediately notify and request assistance from the youth's parent(s)/guardian and the supervising Regional Office.

The provider may consent to medical treatment for the youth and the youth may refuse medical treatment.

7.3 USE OF PHARMACEUTICAL PRODUCTS

A program shall have written policies and procedures governing the use and administration of medication to youth. Policies must conform to all applicable laws and regulations including, but not limited to, those of the Department of Social Services, Bureau of Licensing and Certification.

7.4 NOTIFICATION OF SERIOUS ILLNESS, SEVERE BODILY INJURY OR SEVERE PSYCHIATRIC EPISODE

The provider shall report the incidence of severe bodily injury to the supervising Region. Incidents of serious illness and severe psychiatric episodes shall immediately be reported to the youth's parents/guardians and the supervising Regional office (Regional Duty Officer) and placing Region (if different).

7.5 MEDICAL SERVICES (RESIDENTIAL)

Upon admission, the provider shall obtain a consent for medical treatment authorization form signed by the youth's parent(s)/guardian or Youth Services. The consent form shall be filed in the youth's case record at the facility.

Each youth shall be provided with routine and emergency medical, dental, and/or mental health services while in the provider's care.

In cases of emergency medical treatment the provider must attempt to notify the parent(s)/guardian and shall notify the supervising Region Office.

Each provider shall have a written agreement with a licensed general hospital, clinic or physician, and dentist, to provide youth with routine emergency services on a 24-hour-a-day basis.

Emergency care shall be provided in a public hospital or by a provider that accepts Medicaid reimbursement.

7.5.1 MEDICAL HISTORY AND RELATED TREATMENT

- A. Medical information shall be obtained immediately upon a youth's admission to the program. A person trained by a recognized health authority shall obtain this information for youth placed in residential care. The health screening evaluation report shall be filed in the youth's program file. The evaluation shall include the following information:
 - 1. Whether the youth is presently on medication
 - 2. Whether the youth has a current medical or dental complaint
 - 3. Medical and dental conditions for which the youth has received treatment in the past
 - 4. The youth's general appearance and behavior
 - 5. Physical deformities
 - 6. Evidence of abuse and/or trauma
- B. Identified medical, dental and/or mental health needs shall be immediately addressed through prompt referral to an appropriate healthcare service.

7.5.2 PHYSICAL EXAMINATION

If a physical examination has not been performed on a youth within the previous 30 days, an exam shall be completed within one (1) week of admission to the program, which is to include an assessment of the child's general health with focus on any injuries and/or diseases, and vision, hearing, and dental screenings. When a child entering the current program is from another licensed program with a medical exam dated within 1 year and includes vision, hearing and dental screenings and a copy is available, then it is not necessary to obtain another medical exam. Additionally, a routine medical and dental examination shall be provided for each youth annually.

7.6 NOTIFICATION OF DEATH (YOUTH IN AGENCY CUSTODY)

In the event of the death of a youth in the Agency's custody, the provider shall immediately notify the youth's parent/guardian, the supervising Regional Duty Officer and placing Regional Duty Officer, if different, and the local coroner.

In the event of sudden death or if death occurs as a result of a crime or accident, the appropriate law enforcement agency shall be contacted immediately by the program.

Unless a waiver is requested by the Agency and approved by the local coroner, an autopsy is required pursuant to LA R.S. 33:1563.

| Certain burial expenses for indigent families may be paid by the Agency.

SECTION 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT

8.1 CONTRACT PERFORMANCE REVIEW

The Agency will provide continuous quality assurance to contract service providers. Each contract will be reviewed, at a minimum, annually. The review team will consist of the Regional Program Specialist and other Agency staff. The review shall include performance standards, outcome measures, operating procedures, reporting requirements, general maintenance and upkeep of the physical plant, staffing patterns, qualifications and staff development requirements. Upon completion of the formal review, the review team will conduct an exit interview with the provider.

8.2 NON-COMPLIANCE

During the exit interview, the provider will be notified of any deficiencies. The provider will then be afforded the opportunity to take immediate corrective action. The Agency will address any remaining deficiencies and will identify a specific deadline for correction. The provider will be required to submit a corrective action plan outlining his proposed solutions to have all deficiencies corrected by the deadline. Additional visits will be made to each program as necessary to monitor compliance with the contract and ensure that progress is made on corrective action plans. Providers who fail to comply with the written corrective action plan will be subject to sanctions.

Sanctions may be imposed on any provider who fails to adhere to any provision of the Standard Operating Procedure, either intentionally or through gross negligence. These sanctions will be issued by the Agency Deputy Secretary and will not exceed three percent of the gross monthly billing. One sanction may be levied on each individual violation.

These sanctions are intended to create a positive change of compliance to the SOP and not intended to cause any negative or detrimental effect on the services available to youth.

Continued sanctions may jeopardize the future of the provider's contract with the Agency.

Sanctions may include, but are not limited to:

Reducing the number of youth assigned to the facility
Monetary sanctions (reduction of monthly payment)
Moratorium on placements

SECTION 9 REPORTING

9.1 MONTHLY REPORT (SEE ATTACHMENT)

Providers shall submit a monthly report by the tenth of each month to the Regional Program Specialist who is the Contract Performance Coordinator. Should the Agency develop the capacity to collect this data electronically, the contractor may be required to submit the data electronically. The performance areas to be addressed in the report shall include, but not be limited to the outcomes delineated in the provider contract and the following:

1. Number and percent of families, YS staff and counselor/social workers who participate in developing the Individualized Intervention/Treatment Plan as evidenced by signature of participants.
2. Number and percent of youth who have family participation in working toward goals as evidenced by monthly status report of family contacts & activities, including staffings.
3. Number and percent of youth who demonstrate progress toward goals set forth in the Individualized Intervention/Treatment Plan as evidenced by monthly status report and quarterly progress report.
4. Number and percent of youth and families who report benefiting from the program as evidenced by annual satisfaction surveys.
5. Number and percent of the youth who demonstrate improvement in domain scores of the Casey Life skills Independent Living program as evidenced by an increase from pre-test to post-test scores on the Ansel-Casey Life Skills Assessment Instrument (Available free at www.caseylifeskills.org).
6. Number and percent of Staff who participate in professional development trainings when offered by YS or its contractors and appropriate to services provided.
7. Number and percent of youth enrolled in the GED program who obtain their GED.
8. Number and percent of youth who run away from the program (if applicable).
9. Number and percent of youth who demonstrate an increased skill/grade level as evidenced by appropriate pre/post testing.

9.2 ANNUAL REPORT

Providers shall submit a written report annually and/or at the end of the contract term. The annual report shall reflect the efficiency and effectiveness of services for youth served during the program and one year thereafter. The Annual report will reflect the information compiled from the monthly reporting process.